

# Hispanic immigrants seek health care from their own

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At a health fair in the Mexican Consulate's parking lot, immigrants of all ages lined up for quick dental exams, two-minute cholesterol screenings, diabetes blood tests and information on sexually transmitted diseases.

"Health is what gets reported principally, the No. 1 necessity," said Heidy Lough of the Latin American Association, a social service organization for Hispanics in the Atlanta area.

Authorities say community-based groups, not medical providers, are in the best position to spread health information and push for prevention among immigrants, who often share the mind-set of "I don't want to see a doctor; I'm going to work till I'm dead," said Dr. Elena Rios, president of the National Hispanic Medical Association.

"I have no insurance and no time," said Felix Rebollar, a 37-year-old construction worker from Mexico who visited the fair to obtain vaccines for his two young daughters and ended up also being tested for cholesterol and diabetes.

Most immigrants come from countries where they are used to walking everywhere and where eating on the go means mostly fruit and vegetables from roadside stands, so it's no surprise that their health deteriorates the longer they are exposed to the fattening fast food and car-driven lifestyle of the U.S.

"They come here and there's no more vegetables, but hamburgers and fries," Dr. Rios said.

Add to that some challenges many immigrants carry with them -- little education, little English fluency, and low incomes that make cheap fast food the easiest option and insurance unattainable -- and the health problem becomes a time bomb for this community.

Diabetes is an example of how many factors conspire to create a long-term challenge. One in four Mexican immigrants -- including teens -- have diabetes and don't know it, said Dr. Astrid Roza-Rivera of Kennesaw State University, who directs Project IDEAL, the initiative for diabetes educational advancement for Hispanics.

If left untreated and compounded with unhealthy diets, lack of exercise and stress, the condition can lead to heart and eye diseases that require expensive care.

At the fair, Dr. Rozo-Rivera used a plate with plastic food in the colors of the Mexican flag -- green vegetables, white potatoes and red meat -- to teach diabetics about a healthy diet that they can control easily.

"Knowing the time limitations for learning, we create our own curriculum, material that's sensible but complete and entertaining, full of color, popular refrains, and mental images that are easy to remember because they are specific to Latin culture," Dr. Rozo-Rivera said. "The traditional relationship of dependence -- of waiting for the doctor, the health system or the medicines to be the sole ones with responsibility for health -- must be replaced with prevention and self-care."

That starts with information, which immigrant communities often lack, said Jacqueline Wilson Lucas of the federal National Center for Health Statistics. She co-authored a study in March that found foreign-born adults are in much better shape than U.S.-born adults even though they are poorer and have less access to doctors. The study also found that Hispanic immigrants suffer more from obesity, hypertension and heart disease the longer they stay in the U.S.

"As people become more Americanized, they're picking up on our bad habits," said Dr. Barbara McMillan-Persaud, the chief medical officer at Atlanta's Southside Medical Center, which was staffing some of the booths at the consulate fair. "The kids are huge."

Hispanic immigrants also are the least likely to have insurance, according to the study. That makes it even more crucial for them to get health information not from hospitals and clinics, but through community groups that they trust and that have the flexibility to adjust to local needs, said Adolph Falcon of the National Alliance for Hispanic Health.

The group, for example, tried to put together a sex education workshop but came to realize what was needed instead was training in family communication between parents and teens, Mr. Falcon said.

Sexual health is often a thorny issue in the immigrant community, because of little information about sexually transmitted diseases and stereotypical roles for the sexes. At the fair, 24-year-old Juan Cruz Noyola waited in line with his wife at one booth with information on STDs. The Mexican construction worker and father of three, who has lived in the U.S. for 12 years but has no insurance, said he hoped to learn how to recognize symptoms.

"We're here to learn how to prevent [diseases]," he said in Spanish. "Sometimes with the little English one knows, it's difficult."